EXHIBIT A

1. I understand the purpose of plasmapheresis is to obtain blood plasma without depriving me of red blood cells. In addition to receiving information about and being instructed on the plasmapheresis process in this Consent Agreement, I have also received information about and been instructed on the plasmapheresis process, including an overview of the plasmapheresis procedure, the risks of adverse reactions, injuries, and events which may occur during or after plasma donation, the testing that will be performed on my plasma, and the evaluation process, through video and/or interactive educational visual presentations and processes during which I was given the opportunity to discuss and ask questions about the plasmapheresis process and its risks.

2. The plasmapheresis collection procedure will be performed utilizing an automated blood processor. This technique involves the following:
   A. Using sterile, disposable supplies, approximately one (1) pint or less of whole blood, mixed with anticoagulant to prevent clotting during the procedure, will be drawn into a separation device in order to separate it into plasma and red blood cells.
   B. Removal of the plasma portion of the blood into a separate collection container.
   C. Under aseptic procedure, the remaining red blood cells are returned to me.
   D. Steps A, B, and C are repeated until a specific amount of plasma based on my weight, and recommended by the US Food and Drug Administration ("FDA") is obtained.
   E. Once the procedure is completed, I will receive no more than 500 mL of intravenous saline solution. If I have an adverse event, additional saline might be required.
   F. There is a possibility that a repeat venipuncture (needle stick) might be necessary in some instances.
   G. The first donation may take anywhere from two to four hours due to processing required for new donors. However, future donations should take less time.

3. I may be accepted for automated plasmapheresis no more than once in two (2) calendar days and twice in any seven (7)-calendar-day period. I will also only participate in one (1) plasmapheresis donation program at a time. While I am participating in the Grifols plasma donation program, I will inform the Center staff of any participation in any whole blood, platelet, white blood cell or plasma donation program with other organizations, which I understand may cause a temporary deferral from Grifols' Source Plasma or other Grifols' Plasma Donation programs. I will also inform the Center staff if I receive any kind of medical treatment following a donation or if there is any change in my medical, health, or lifestyle history following a donation and before any subsequent donation.

4. I understand that before my first donation, my photograph was taken, with my consent, for identification purposes. As necessary thereafter, the donation Center will take a new photograph if my physical appearance has changed. I understand and agree that I will not be allowed to wear any kind of head or face apparel or coverings when such photographs are taken.

5. The protein or hemoglobin (hematocrit / red blood cell) levels of my blood may be reduced by repeated plasmapheresis. These levels will be monitored periodically (through finger stick tests), and should they decrease, it may require that I be removed temporarily from the donor program. Each time I wish to donate, the Center staff will take my temperature, pulse, blood pressure, and weight. For my own protection, if any test result or reading is out of acceptable limits, I understand and agree that I will not be allowed to donate plasma until it has returned to normal. I will also be required to answer a new medical and lifestyle questionnaire.

6. There is a possibility that my red blood cells may not be returned to me due to equipment failure, poor or faulty veins, poor blood flow, or contamination of the red blood cells during the plasmapheresis process. If

this occurs, FDA regulations require that I be removed from the donor program for eight (8) weeks. During this time no fees will be paid to me:

7. There is a possibility I may experience adverse reactions, symptoms or injuries during or after plasmapheresis, including after leaving the donation Center:
   A. **Risks associated with the venipuncture** (during or after the plasmapheresis procedure, including after leaving the donation Center) – I understand that:
      a. Some individuals experience discomfort such as pain, itching, or a localized rash at the infusion site. I further understand that sometimes the first needle that is put in the arm may need to be adjusted, and in some cases, additional venipunctures or new needles might be needed. I also understand that a scar can develop at the venipuncture site.
      b. In addition, there is a possibility that a blood clot may develop on or near the venipuncture area. I further understand that blood clots are painful and might require medical attention, which might include hospitalization. I also understand that, although rare, blood clots can spread to other areas of my body which may result in severe consequences, including strokes and death.
      c. The area of the venipuncture might become infiltrated (a leakage of fluids or blood into the surrounding tissues) which may result in a hematoma, bruising or reddish discoloration, swelling, and/or pain that might occur on the same day of donations or several days after the donation is completed. I further understand that this infiltration could extend in the surrounding tissues and through the arm and can cause other symptoms.
      d. There is also a possibility of infection of my skin, my surrounding tissue, or my vein itself. I also understand that a temporary rash may develop where the skin antiseptics are applied.
      e. Rarely, the needle is inserted into my artery instead of my vein, which may cause significant bleeding requiring possible hospital care.
      f. Although rare, there is a possibility that the venipuncture, the adjustment of the needle (if necessary), or an infiltration/hematoma/bruise may cause nerve damage, which may result in pain, numbness, tingling, weakness and/or loss of function of my arm or hand. I also understand that, although, most commonly, the nerve damage is temporary, it could also be permanent.
   B. **Risks associated with the plasmapheresis procedure** (during or after the plasmapheresis procedure, including after leaving the donation Center) – I understand that:
      a. There is the possibility of experiencing visual disturbances, dizziness, fainting, loss of consciousness, trouble breathing, nausea, vomiting, and/or convulsions (seizures) related to the change in my blood volume. I further understand that due to some, or all of these symptoms, and while standing or sitting, I may fall, which may lead to serious injuries, including head injuries, and broken bones.
      b. Although rare, some individuals may experience allergic reactions such as flushing, diffuse rash (all over your arm or body), hives, abdominal cramps, tightness in the throat, difficulty breathing, chest pain, and/or bronchospasm which may possibly be life threatening.
      c. Although the automated plasmapheresis instrument is equipped with air detectors to prevent air embolism, there still is the remote potential for an air embolism, with severe consequences including death.
      d. Due to the use of Sodium Citrate as a blood anticoagulant, there is a possibility I may experience tingling of the fingers, mouth, or hand, or mild or severe muscle cramps, stomach cramps, tightness in the throat, flushing of the skin or hives, chest pain and/or difficulty breathing.

   C. If any of these or any other adverse reactions, symptoms, or injuries occur during or after my donation, I understand and agree to notify the Center Staff immediately, regardless of whether it takes place while I am at the Center or after I leave the Center. If such adverse reactions, symptoms, or injuries occur after I leave and am away from the Center, and if I believe that I need follow-up medical attention, I understand

and agree that I should contact my doctor, or if I believe I need immediate medical attention, call 911 or go to the emergency room. If any such adverse reactions, symptoms, or injuries occur while I am at the Center, the physician or designated personnel will administer appropriate supportive care and/or, in rare occasions, limited emergency treatment (for example, oxygen, saline solution, epinephrine or aspirin) to me as needed or will refer me to a local medical facility for treatment.

D. If it is recommended to me by the Center staff that I seek medical evaluation or treatment from a medical facility for any adverse reactions, symptoms, or injuries, including those identified above, and if I refuse or decline to seek such medical evaluation or treatment and/or refuse or decline transportation to the emergency room or medical facility to seek such medical evaluation or treatment, I understand and agree that I am assuming the risk that my condition or situation may continue or may become worse and/or cause additional medical conditions and problems to develop or occur, up to and including death.

E. I understand and agree that the Center is not a health care provider, but rather a plasma collection facility, that it and its staff cannot provide, and are not providing, me with medical advice or treatment, other than the supportive care and limited emergency treatment set for in 7.C. above and that the Center does not create or maintain medical records.

F. I also understand and agree that all of these adverse reactions, symptoms, and injuries may occur and are known and expressly agreed upon risks of the plasmapheresis process and donating plasma.

8. **As with any procedure, I understand and agree that it is not possible to completely eliminate risks, adverse events, or injuries. However, to help reduce the possibility of risks, adverse events and injuries,** I understand I must drink plenty of non-alcoholic, non-caffeinated fluids before and after every donation. I realize that I should drink enough water, juice, or sports drink so my urine is clear. I should eat a good meal before and after my donation. It is my responsibility to notify a Center staff member if I have not followed this guidance in the two (2) hours prior to donation. Once my donation is complete, I understand and agree that, if I feel well, I will slowly sit up on the bed and will not stand up, start walking, or leave the Center until I am sure I feel well. If I do not feel well after I have completed my donation, I understand and agree that I will immediately notify a Center staff member. After completing my donation, I understand and agree that I will not smoke or drink alcohol until I am sure that I feel well.

9. **To help prevent complications of the venipuncture:** I have been given, understand, and agree to adhere to the following precautionary instructions which are intended to protect my health and well-being during and following the plasmapheresis procedure:
   A. Do not move or bend my arm while the needle is in my vein.
   B. Tell the center staff if there is any discomfort, troubles or symptoms at the venipuncture site.
   C. Leave the bandage on for at least two (2) hours after it is put on. Do not loosen or tighten it during this period.
   D. If a new bandage is needed, use a clean one. Do not reuse the same bandage.
   E. After the donation, any trouble at the venipuncture site (such as bleeding, pain, redness, itching, bruising, swelling, or rash) must be shown to Center staff as soon as it appears, or, if I have left the Center, as soon as possible.
   F. Keep the needle puncture site clean.
   G. Do not wash the area (needle puncture site) for at least 2 hours after the donation.
   H. Do not touch or pick at the venipuncture site.
   I. For at least two (2) hours after the bandage is put on, avoid all strenuous physical activities with my arm, including pushing, lifting, and carrying heavy objects.

10. I HAVE BEEN INSTRUCTED IN THE BASICS OF THE AUTOMATED PLASMAPHERESIS PROCEDURE. I HAVE BEEN GIVEN THE OPPORTUNITY TO ASK QUESTIONS I MAY HAVE REGARDING THE PROCEDURE. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO NOTIFY THE TECHNICIAN OR OTHER CENTER STAFF OF ANY DIFFICULTIES I MAY EXPERIENCE WHILE I AM USING THE AUTOMATED BLOOD PROCESSOR AND DURING THE ENTIRE PLASMAPHERESIS PROCEDURE. I UNDERSTAND THAT FAILURE TO NOTIFY THE TECHNICIAN OR OTHER CENTER STAFF MAY RESULT IN SERIOUS INJURY TO ME.

11. I understand and agree that for my health and safety and that of the recipients of products made from my plasma, my blood, or my urine will be tested for:
    A. Hematocrit and protein levels prior to each donation,
    B. Urine test for glucose and protein. In some cases, drug testing will be done, which would be notified separately, as needed.
    C. Hepatitis B surface antigen (HBsAg),
    D. Antibody to hepatitis C virus (Anti-HCV),
    E. Antibodies to human immunodeficiency virus types 1 and 2 (Anti-HIV 1/2) which have been implicated in the transmission of acquired immune deficiency syndrome (AIDS),
    F. Nucleic acid sequences from hepatitis B virus (HBV), hepatitis C virus (HCV),and human immunodeficiency virus type 1 (HIV-1), done by Nucleic Acid Test (NAT) on pooled samples,
    G. Nucleic acid sequences for Parvovirus B-19 and Hepatitis A Virus (HAV),
    H. ALT (Alanine Aminotransferase) – a liver enzyme,
    I. Unexpected Blood Group antibodies (Indirect Coomb's test),
    J. A serologic test for syphilis (tested every 4 months), protein levels (tested every 4 months), and
    K. Other tests as required.

12. I agree to have my blood and plasma tested for the presence of transmissible disease agents and other antibodies. I understand that all the medical and laboratory evaluations are completed for the sole purpose of evaluating my eligibility as a donor. The tests done on my blood and plasma are tests that are required by the FDA for the purpose of screening blood and plasma donors. These screening tests are NOT medical diagnostic tests and are NOT intended to diagnose any medical condition or obtain a formal medical diagnosis or medical care from the Center staff. I can, however, request a copy of abnormal screening test results so I can provide it to my personal physician or health care provider for formal diagnosis and treatment.

    A. Any screening test can have a false positive result, which means that blood or plasma will be positive by the screening test even though it does not contain the antigen or antibody for which it is being tested.
    B. Any screening test can also have a false negative result, which means that blood or plasma will be negative by the screening test even though it does contain the antigen or antibody for which it is being tested. This could be seen during the "window period" of the infection (the time period early in infection when the tests may be negative although infection is present and could be transmitted).

13. If the HBsAg test, anti-HCV test, anti-HIV 1/2 test, Syphilis, or any of the nucleic acid tests for HBV, HCV or HIV-1 for my blood or plasma are positive, I understand that I will be permanently deferred from donating blood and/or plasma and I will be informed of the positive results of a test or tests in a confidential manner at the Center. My name will be placed on all applicable permanent deferral lists, including the National Donor Deferral Registry. These permanent documents will not list the reason for deferral. I also understand and agree that I will be and remain permanently deferred even if the formal medical diagnostic test results received from my personal physician or healthcare provider are negative. Furthermore, if any such screening

test results are positive, I understand and agree that if my sexual partners and household contacts come to a Grifols Center and wish to donate plasma or they are a current Grifols plasma donor, they will be notified that a sexual partner or household contact has tested positive for a viral marker, they will be counseled in a confidential manner for eligibility as new or continuing plasma donors, and possibly deferred from donation according to regulatory guidelines. Additionally, if I, or any other Grifols plasma donors, have an active deferral status, such deferral information is also exchanged with other plasma centers in the local area. This information will also be supplied to appropriate local, state and/or federal health authorities, including Health Departments, that require the reporting of certain diseases, or that is otherwise required by law, or that is deemed necessary and appropriate in the sole discretion of Grifols. My donor record, as well as the results of all testing performed, will be available for review by selected Center and Grifols employees and public health officials.

If any of the other tests are outside required limits, I will be temporarily deferred from donation until test results return to acceptable values. I understand that the results of these tests will be accessible to the Center staff, including Center Manager, Center Quality Manger, Operations Supervisor, medical staff, Grifols physicians, and other Grifols employees as may be required for business purposes, including documentation, record review, and management of plasma collected from me. I understand the above information on these screening tests and agree they may be performed on my blood and/or plasma

14. **Possible Use of Donor Information and Blood, Plasma or Serum Samples in Medical Research and Publications:** I understand, agree and give my consent to Grifols and other institutions, including, but not limited to, academic centers and companies, to use my plasma and/or blood samples for additional testing and to publish my laboratory results, screening test results and demographic data for research and educational purposes.
    - I understand that my personal information will remain confidential as samples used for research are coded and not linked to my identifying information. Only authorized Grifols personnel can link coded samples to my identifying information. My identifying information is not reported outside Grifols unless required by law.
    - A portion of my blood and/or plasma samples or information collected at the time of donation may be used to make research studies possible. Some examples of the types of research include, but are not limited to:
        - Studies related to testing, storing, collecting and processing blood, plasma or serum
        - Studies of new methods to test blood for infectious diseases
        - Studies for biological markers, new diseases or new testing methodologies
        - Epidemiological studies
    - Results from these studies may be published. Publications will comply with all legal requirements.
    - Certain test results might be of interest to other researchers. In some cases, Grifols staff may contact me by phone or letter and ask me to participate in a voluntary follow-up study.
    - I may refuse to allow my blood and/or plasma samples to be used for research. However, I understand and agree that if I do not allow my blood or plasma samples to be used for research, I will not be able to donate plasma
    - If I decide to withdraw my consent after leaving the Center, I must contact and advise the Center in writing of my withdrawal. However, samples and test information collected before my withdrawal may still be used after my withdrawal.
    - I understand and agree that for these additional tests or research no additional consent will be given to me, unless required by an Institutional Review Board (IRB). An IRB is an independent review panel that is responsible for ensuring the protection of the rights and safety of subjects in a clinical study and for monitoring compliance with regulations.

- I understand that there is a small chance that my blood, plasma or serum samples used for medical research may give test results that indicate I will no longer be allowed to donate blood or plasma because of the risk of transmitting disease. In such cases, I understand that I will be notified of the test result and any of the provisions outlined in section 13 of this informed consent may apply.

15. I have been given the opportunity to discuss and ask any questions I choose about the plasmapheresis process, procedures, and this Consent Agreement. My participation in the plasmapheresis process is completely voluntary, and I understand that I can withdraw my consent and discontinue participation in the automated plasmapheresis program at any time.

16. I understand and agree that I will provide my fingerprint as biometric authentication of my identity as part of the automated screening process (one time at the beginning of the screening process and one time at the completion of the screening process). I further understand and agree that by and through the provision of my fingerprint following the completion of the health, medical, and lifestyle history questions and acknowledgment and verification statements contained in the automated screening process, I have acknowledged, verified, and agreed to, and will acknowledge, verify, and agree to, all of the information, answers, statements, and representations provided and made in response to such questions and statements and have represented, and will represent, that all such information, answers, statements, and representations are true, accurate, and complete.

17. I understand and agree that my eligibility for the plasma donation program is based on a medical examination as well my answers given to the medical and lifestyle history questions asked of me, and when needed, information from my health care provider. This is required before I donate for the first time and at least annually. I understand and agree that I must and will answer honestly, accurately and completely all such questions. If I knowingly provide false information, I understand that I may be subject to penalties, fines, and jail time for endangering the lives of the persons receiving my plasma. I represent that all answers I have provided or will provide to the questions asked of me are or will be true, accurate, and complete. If, for any reason, it is determined that I should not donate plasma or I appear to be providing unreliable answers to any such questions, I understand and agree that I will be temporarily or permanently deferred from donating plasma. I understand and agree that there are no guarantees or assurances that I will be accepted as a plasmapheresis donor.

18. I have reviewed and understand the information provided to me regarding the spread of HIV by donated blood or plasma, and if I consider myself to be a person at risk for spreading HIV, I agree not to donate blood or plasma for transfusion to another person or for further manufacture. I hereby certify and declare under the penalty of perjury, that to the best of my knowledge, I do not have any signs or symptoms of HIV and that I am not a member of any high risk group for HIV.

19. I understand and agree that if I find out or remember information about my health or behaviors that may require a deferral from donation, I will notify the Center immediately.

20. The donor Center reserves the right to refuse plasma donations for any reason, from any individual, and without further explanation.

21. I authorize and give my consent to Grifols, to collect, use, and/or disclose my personal identification, health, medical, and lifestyle information ("personal information") which I have provided to them or they obtained in connection with my donation of plasma to their parents, subsidiaries, and affiliated companies as may be needed for business purposes, including management of the plasma collected from me, and / or to the appropriate governmental agencies of health authorities that require the reporting of such information. I also authorize and give my consent to Grifols to disclose my personal identification information, specifically

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excluding health, medical, and lifestyle information, to their third-party affiliates and business partners for the sole purpose of performing services for or on behalf of Grifols related to my donation payments. These third-part affiliates and business partners will not use or disclose my personal information for their direct marketing purposes or any other purposes. I may refuse to provide Grifols or their third-party affiliates and business partners with consent to collect, use, and/or disclose my personal information to their affiliates and business partners. However, I understand and agree that if I do not provide Grifols or their third-party affiliates and business partners with such consent, I will not be able to donate plasma. If I decide to withdraw my consent after leaving the Center, I must contact and advise the Center in writing of my withdrawal. However, personal information collected, used, and/or disclosed before my withdrawal may still be used after my withdrawal.

22. I understand that I may request a copy of this consent once I have signed it and is fully executed.

23. I have read (or have had its contents read to me) and understand this Consent Agreement, had explained to me the information provided regarding, and have had a chance to discuss and ask questions about, this Consent Agreement, the plasmapheresis procedure, the risks involved, the necessary testing, the evaluation process, and the spread of HIV by blood or plasma, and I agree to participate in Grifols' automated plasmapheresis program under and pursuant to the terms and conditions contained herein.

Donor Signature — 06/14/17 Date

Brian Vaughan
Donor Name — [redacted] Donor Number

Rhonda Hagen
Witnessing Medical Staff Member Signature — 06/14/2017 Date

Rhonda Hagen
Witnessing Medical Staff Member Name

GRIFOLS PLASMA DONATION FACILITY (stamp or write Center name, address, and telephone number here):

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